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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<input type="checkbox"/> Declaration Submitted with Initial Filing	<b>OR</b>	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		
	<b>Attorney Docket Number</b>			P00726-US-01 (00872.0010)	
	<b>First Named Inventor</b>			GEDDES, Leslie A.	
	<b>COMPLETE IF KNOWN</b>				
	<b>Application Number</b>			/	
	<b>Filing Date</b>				
<b>Group Art Unit</b>					
<b>Examiner Name</b>					

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE AND METHOD FOR ELECTROCARDIOGRAPHY ON FREELY MOVING ANIMALS

(Title of the Invention)

the specification of which

☒ is attached hereto

**OR**  
☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby appoint the practitioners at Customer Number 22446 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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**DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>ALEXANDER D. FORMAN</b>			
Address <b>ICE MILLER, One American Square, Box 82001</b>			
City <b>Indianapolis</b>		State <b>IN</b>	ZIP <b>46282-0002</b>
Country <b>USA</b>	Telephone <b>(317) 236-5826</b>		Fax <b>(317) 236-2219</b>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Leslie A.</b>		Family Name or Surname <b>Geddes</b>	
Inventor's Signature <i>Leslie A. Geddes</i>		Date <b>6-20-03</b>	
Residence: City <b>Lafayette</b>	State <b>IN</b>	Country <b>USA</b>	Citizenship <b>United States</b>
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City <b>Lafayette</b>	State <b>IN</b>	ZIP <b>47905</b>	Country <b>United States</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Candice B.</b>		Family Name or Surname <b>Kissinger</b>	
Inventor's Signature <i>Candice B. Kissinger</i>		Date <b>30 June 2003</b>	
Residence: City <b>West Lafayette</b>	State <b>IN</b>	Country <b>USA</b>	Citizenship <b>United States</b>
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City <b>West Lafayette</b>	State <b>IN</b>	ZIP <b>47906</b>	Country <b>USA</b>
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

Please type a plus sign (+) inside this box ☒

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> <b>Page 3 of 3</b>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Joseph A.		Bougher	
Inventor's Signature <i>Joseph A. Bougher</i>		Date <i>6/30/2003</i>	
Residence: City Monticello	State IN	Country USA	Citizenship United States
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Stephen J. <i>Stephen J.</i>		Clevenger, <i>Clevenger</i>	
Inventor's Signature <i>Stephen J.</i>		Date <i>6/30/2003</i>	
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Mailing Address			
City West Lafayette	State IN	ZIP 47906	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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